

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213526698				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: WESTMORELAND COAL COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F0007510</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
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6.) PRINCIPAL OFFICE ADDRESS: <div style="margin-left: 40px;"> ADDRESS: 9540 SOUTH MAROON CIRCLE SUITE 200 CITY/ST/ZIP: ENGLEWOOD, CO 80112 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: </td> <td style="width: 40%; vertical-align: top;"> ROBERT P KING PRESIDENT 9540 SOUTH MAROON CIRCLE SUITE 200 ENGLEWOOD, CO 80112 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P KING PRESIDENT 9540 SOUTH MAROON CIRCLE SUITE 200 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL HAMILTON DIRECTOR 512 N. RIVER HILLS RD AUSTIN, TX 78733	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD M KLINGAMAN DIRECTOR WHITE HORSE VILLAGE, V-182 535 GRADYVILLE RD NEWTOWN SQUARE, PA 19073-2815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAN PACKWOOD DIRECTOR 900 W. BOGUS VIEW DR EAGLE, ID 83616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SHARP DIRECTOR 780 FOREST VIEW CR MONUMENT, CO 80132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL G HUTCHINSON DIRECTOR 2521 S COOK ST DENVER, CO 80210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG R MACKUS DIRECTOR 19745 HERON PASS BROOKFIELD, WI 53045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JENNIFER GRAFTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER GRAFTON, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/6/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			